

ORDER FOR SUPPLIES OR SERVICES										Page 1 Of 5		
1. Contract/Purch Order/Agreement No. DAAE20-97-D-0023			2. Delivery Order/Call No. 0094		3. Date Of Order/Call (YYYYMMDD) 2002AUG13		4. Requisition/Purch Request No. SEE SCHEDULE			5. Priority DOA5		
6. Issued By TACOM-ROCK ISLAND AMSTA-LC-CT JUDY PAGLIARO (309)782-5086 ROCK ISLAND IL 61299-7630 EMAIL: PAGLIAROJ@RIA.ARMY.MIL				Code W52H09		7. Administered By (If other than 6) PR TACOM-RI ATTN FIN AND ACCT OFC ROCK ISLAND IL 61299-6000				Code W52H09		
8. Delivery FOB <input type="checkbox"/> Destination <input checked="" type="checkbox"/> Other (See Schedule if other)												
9. Contractor Name and Address TDF CORPORATION 750 E DIEHL RD SUITE 127 NAPERVILLE IL 60563-0000 TYPE BUSINESS: Small Disadvantaged Business Performing in U.S.			Code OPL65		Facility		10. Deliver To FOB Point By (Date) (YYYYMMDD) SEE SCHEDULE			11. X If Business Is <input type="checkbox"/> Small <input type="checkbox"/> Small Disadvantaged <input checked="" type="checkbox"/> Woman-Owned		
12. Discount Terms Net 30 Days							13. Mail Invoices To the Address in Block See Block 15					
14. Ship To SEE SCHEDULE			Code		15. Payment Will Be Made By DFAS ST LOUIS ATT DFAS-SL-FPV 4300 GOODFELLOW BLVD BLDG 110 PO BOX 200009 ST LOUIS MO 63120-0009				Code HQ0304			
Mark all Packages and Papers with Identification Numbers in Blocks 1 and 2												
16. Type of Order	Delivery/Call	<input checked="" type="checkbox"/>	This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.									
	Purchase		Reference your <input type="checkbox"/> Oral; <input type="checkbox"/> Written Quotation, Dated _____, furnish the following on terms specified herein.									
Acceptance. The Contractor Hereby Accepts The Offer Represented By The Numbered Purchase Order As It May Previously Have Been Or Is Now Modified, Subject To All Of The Terms And Conditions Set Forth, And Agrees To Perform The Same.												
Name Of Contractor			Signature			Typed Name And Title			Date Signed (YYYYMMDD)			
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:												
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE SEE SCHEDULE												
18. Item No.		19. Schedule Of Supplies/Service SEE SCHEDULE CONTRACT TYPE: Labor-Hour			20. Quantity Ordered/ Accepted*		21. Unit		22. Unit Price		23. Amount	
		KIND OF CONTRACT: Service Contracts										
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.					24. United States Of America By: HOWARD LEWIS /SIGNED/ LEWISH@RIA.ARMY.MIL (309)782-3506					25. Total \$31,412.00		
26. Quantity In Column 20 Has Been <input type="checkbox"/> Inspected <input type="checkbox"/> Received <input type="checkbox"/> Accepted And Conforms To Contract Except As Noted Date _____ Signature Of Authorized Govt Representative _____					27. Ship. No.		28. D.O. Voucher No.		30. Initials			
36. I certify this account is correct and proper for payment Date _____ Signature And Title Of Certifying Officer _____					<input type="checkbox"/> Partial <input type="checkbox"/> Final		32. Paid By		33. Amount Verified Correct For			
					31. Payment <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final				34. Check Number			
									35. Bill Of Lading No.			
37. Received At		38. Received By		39. Date Received		40. Total Containers		41. S/R Account Number		42. S/R Voucher No.		

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Name of Offeror or Contractor: TDF CORPORATION		

SUPPLEMENTAL INFORMATION

AEPS EDRS BIC-PQDR

This task order 0094 establishes CLIN 0101 to incorporate Scope of Work for AEPS Electronic Deficiency Reporting System (EDRS) Business Initiative Council (BIC) Product Quality Deficiency Report (PQDR).

The not-to-exceed labor category hours and amounts are that which follow:

PM	80 hours	\$5,949.60
I4	40 hours	\$2,524.40
I3	300 hours	\$16,470.00
I2	80 hours	\$3,713.60
SSA	40 hours	\$1,825.60
AA	40 hours	<u>\$928.80</u>
		\$31,412.00

The performance completion date is 30 Sep 03.

*** END OF NARRATIVE A 001 ***

Name of Offeror or Contractor: TDF CORPORATION

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT					
	SUPPLIES OR SERVICES AND PRICES/COSTS									
0101	<u>Supplies or Services and Prices/Costs</u>									
0101AA	<u>SERVICES LINE ITEM</u>				\$ <u>31,412.00</u>					
	NOUN: BIC EDRS SECURITY CLASS: Unclassified PRON: M129R044M1 PRON AMD: 01 ACRN: AA AMS CD: 42212300000									
	<u>Inspection and Acceptance</u> INSPECTION: Destination ACCEPTANCE: Destination									
	<u>Deliveries or Performance</u> DLVR SCH PERF COMPL <table><tr><td><u>REL CD</u></td><td><u>QUANTITY</u></td><td><u>DATE</u></td></tr><tr><td>001</td><td>0</td><td>30-SEP-2003</td></tr></table>	<u>REL CD</u>	<u>QUANTITY</u>	<u>DATE</u>	001	0	30-SEP-2003			
<u>REL CD</u>	<u>QUANTITY</u>	<u>DATE</u>								
001	0	30-SEP-2003								
	\$ 31,412.00									

CONTINUATION SHEET

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MOD/AMD

Name of Offeror or Contractor: TDF CORPORATION

CONTRACT ADMINISTRATION DATA

LINE	PRON/	OBLG							JOB			
ITEM	AMS CD	ACRN	STAT	ACCOUNTING	CLASSIFICATION				ORDER	ACCOUNTING		OBLIGATED
									NUMBER	STATION		AMOUNT
0101AA	M129R044M1	AA	2	21	22020000026D6D02P422123252G	S11116			2LKM56	W52H09	\$	31,412.00
	42212300000											
										TOTAL	\$	31,412.00

SERVICE						ACCOUNTING	OBLIGATED
<u>NAME</u>	<u>TOTAL BY ACRN</u>	<u>ACCOUNTING CLASSIFICATION</u>				<u>STATION</u>	<u>AMOUNT</u>
Army	AA	21	22020000026D6D02P422123252G	S11116		W52H09	\$ 31,412.00
						TOTAL	\$ 31,412.00

CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SIIN DAAE20-97-D-0023/0094 MOD/AMD	Page 5 of 5
Name of Offeror or Contractor: TDF CORPORATION		

LIST OF ATTACHMENTS

<u>List of Addenda</u>	<u>Title</u>	<u>Date</u>	<u>Number of Pages</u>	<u>Transmitted By</u>
Attachment 001	SCOPE OF WORK FOR AEPS BIC-PQDR	08-AUG-2002	004	